Approved for use through 07/31/2006. OMB 0651-0031

E	NCLOSURES (Check all	that apply)			
otal Number of Pages in This Submission	Attorney Docket Number	Watson, Robert C. BING-1-1028			
(to be used for all correspondence after initial filing)	Examiner Name				
	Art Unit	3723			
FORM	First Named Inventor	Baumann, John A.			
TRANSMITTAL	Filing Date	October 31, 2003			
	Application Number	10/698,215			
Under the Paperwork Reduction Act of 1995, no pe	U.S. F ersons are required to respond to a col	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE lection of information unless it displays a valid OMB control number.			

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ENCLOSURES (Check all that apply)											
X	Fee Trans	smittal F	Form		Drawin	g(s)				After	Allowance Communication to TC
	☐ F€	e Attac	hed .		Licensi	ng-related Pa	apers	•			al Communication to Board peals and Interferences
Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks			X Ret	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard				
			SIGNA	TURE	OF AP	PLICANT,	ATT	ORNEY, C	OR AG	ENT	
Firm N	ame	Blad	ck, Lowe & Gra	fram. F	PLLC			<del> </del>			
Signat	ure		MRSK	7							
Printed	i name	Mar	k S. Beaufait					-			
Date		Oct	ober 3, 2005					Reg. No.	48,52	29	
CERTIFICATE OF TRANSMISSION/MAILING											
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature											
	-		Wen	el,	<u>,                                    </u>	Scyt	2,				
Typed	or printed na	ame	Wendy Saxby	, 8		/				Date	October 3, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

Date October 3, 2005

FEE TRANSMITTAL FOR FY 2005    Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 0	Under Canerwork Residen Act of 1995, no persons are required to	espond to a collection of infor	nation unless it displays a val	id OMB control number				
FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  TOTAL AMOUNT	Effective on 12/08/2004.							
First Named Inventor   Baumann, John A.		Application Number	10/698.215					
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 0		Filing Date	October 31, 2003					
Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 0	For FY 2005	First Named Inventor	Baumann, John	Α.				
At Unit   3723   Attorney Docket No.   BING-1-1028	Applicant claims small entity status. See 37 CFR 1 27	Examiner Name	Watson, Robert	C.				
METHOD OF PAYMENT (check all that apply)  Check	T .	Art Unit	3723					
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number, 501050 Deposit Account Name: Black Lowe & Graham, PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	TOTAL AMOUNT OF PAYMENT (\$) 0	Attorney Docket No.	BING-1-1028	<i></i>				
Deposit Account Deposit Account Number:   Sol 1050   Deposit Account Name:   Black Lowe & Graham, PLLC	METHOD OF PAYMENT (check all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below.  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Indicated below overpayments  Credit any overpayments  Credit any overpayments  Credit any overpayments  Indicated below except for the filing feels  Fee (s) Fee (s) Fee Sall Entity  Fee (s) Fee (s) Fee Sall Entity  Fee (s) Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s) Fee (s)  Fee (s)  Fee (s) Fee (s)  Fee	Check Credit Card Money Order No	ne Other (please ide	entify):					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Indicated below, except for the filing fee  Fee CS Fee (s)  Fee (s) Fee (s) Fee Paid (s)  Fee (s) Fee (s) Fee (s)  Fee (s) Fee Paid (s)  Fee Paid (s)  Fee Sall Entity  Fee (s) Fee Paid (s)  Fee Sall Entity  Fee (s) Fee Paid (s)  Fee Sall Entity  Fee (s) Fee Paid (s)  Fee Sall Entity  Fee (s) Fee Paid (s)  Fee Sall Entity  Fee (s) Fee Sall Entity  Fee (s) Fee Sall Entity  Fee (s) Fee Sall (s)  Fee Sall Entity  Fee (s) Fee Sall (s)  Fee Sall Entity  Fee (s) Fee Sall (s)  Fee Sall (s)  Fee Sall (s)  Fee Sall (s)  Fee Sall (s)  Fee Sall (s)  Fee Sall (s)  Fee	X Deposit Account Deposit Account Number: 501050	Deposit Account N	ame: Black Lowe &	Graham, PLLC				
Charge any additional fee(s) or underpayments of fee(s)   X Credit any overpayments   X Credit any overpayments   X Credit and 27 CFR 1.16 and 1.17	For the above-identified deposit account, the Director is he							
Charge any additional fee(s) or underpayments of fee(s)  WARNINCs: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  TEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (s) F	Charge fee(s) indicated below	Charge fee(s)	indicated below, except	for the filing fee				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION				_				
Telephone condition   Free   Same   Fee		1441	• •	e credit card				
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Fee (\$)	information and authorization on PTO-2038.							
Filing FEES   Small Entity   Fee (\$)   Fee (								
Multiple Dependent claims   Fee (\$)   Fee (\$		DOLLEGO EVA	MALATION EEEO					
Utility   300   150   500   250   200   100   100   100   50   130   65   130   65   140	Small Entity	Small Entity	Small Entity					
Design   200   100   100   50   130   65		\$)	(\$) Fee (\$)	Fees Paid (\$)				
Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims  Fee (\$) Fee (\$								
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Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof fee (\$)  - 100 =		250 60	0 300 –					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Total Sheets  Fee Paid (\$)		0	0 0 _					
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Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims		pendent claim more tha	n in the original patent					
- 20 or HP = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims		Daid (6) Mulai	nie Denendent Cleime	360 180				
HP = highest number of total claims paid for, if greater than 20  Indep. Claims				(\$)				
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HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets		Paid (\$)		<del></del>				
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for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  A. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other:  Registration No. 48 520  Telephone 206 381 3300								
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    -100 =	If the specification and drawings exceed 100 sheets of partial the	aper, the application siz	e fee due is \$250 (\$12	5 for small entity)				
- 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other:  Registration No. 48 520  Telephone 206 381 3300								
Non-English Specification, \$130 fee (no small entity discount)  Other:  SUBMITTED BY  Registration No. 48 520  Telephone 206 381 3300				_ =				
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Registration No. 48 520 Telephone 206 381 3300	Other:		<del></del>					
Registration No. 48 520 Telephone 206 381 3300	SUBMITTED BY IA DS R							
	Signature	Registration No. (Attorney/Agent) 48,52	9 Telephone 20	06.381.3300				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Name (Print/Type)

Mark S. Beaufait



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Baumann, John A. Attorney Docket No. BING-1-1028

Serial No.:

10/698,215

Group Art Unit:

3723

Filing Date: October 31, 2003

Examiner:

Watson, Robert C.

Title:

RECONFIGURATION CLAMPING SYSTEM

## AMENDED RESPONSE TO RESTRICTION REQUIREMENT

Amendments to the claims being on page 2 of this paper.

Remarks begin on page 9 of this paper.

BLACK LOWE & GRAHAM PLLC

CUSTOMER NUMBER

1

701 Fifth Avenue, Suite 4800 Seattle, Washington 98104 206.381.3300 • F: 206.381.3301